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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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D. BRUCE  
SEP 30 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 26, 2016

KIRSTIE HENRICI  
2 CAMELBACK ROAD  
CHESTER, NY 10918

SUBJECT: KIR HENRICI & ASSOCIATES, INC.  
Ref. Number: W16000066202

We have received your document for KIR HENRICI & ASSOCIATES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 516A00020653

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kir Henrici & Associates, Inc.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:  
Kirstie Henrici

Name of Person	
Kir Henrici & Associates, Inc.	
Firm/Company	
2 Camelback Road	
Address	
Chester, NY 10918	
City/State and Zip code	
khenrici@faith-royale.com	
E-mail address: (to be used for future annual report notification)	

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 TALLAHASSEE, FL  
 REGISTRATION SECTION

For further information concerning this matter, please call:

Tess Ceron	917	414-0369
Name of Person	Area Code	Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Kir Henrici & Associates, Inc.

1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida).

2. New York 3. 46-3286521 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 26, 2013 5. (Date of incorporation) (Date of duration, if other than perpetual)

6. September 1, 2016 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2 Camelback Road, Chester, New York 10918 (Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Tess Ceron Office Address: 3210 Zander Drive Apt #303 Kissimmee, Florida 34747 (City) (Zip code)

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9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: NA

Address: \_\_\_\_\_

Vice Chairman: NA

Address: \_\_\_\_\_

Director: NA

Address: \_\_\_\_\_

Director: NA

Address: \_\_\_\_\_

**B. OFFICERS**

President: Kirstie Henrici

Address: 2 Camelback Road

Chester, NY 10918

Vice President: Maryann Gribbin

Address: 69 Barr Lane

Monroe, NY 10950

Secretary: NA

Address: \_\_\_\_\_

Treasurer: NA

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Kir Henrici Digitally signed by Kir Henrici  
Date: 2016.09.19 09:48:41 -0400'

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Kirstie Henrici, President, Kir Henrici & Associates, Inc

(Typed or printed name and capacity of person signing application)

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State of New York  
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of KIR HENRICI & ASSOCIATES INC. was filed on 07/26/2013, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



\*\*\*

WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 12th day of September two  
thousand and sixteen.

*Anthony Scardino*

Executive Deputy Secretary of State

TESS CERON  
3210 ZANDER DRIVE, #303  
KISSIMMEE FL 34747

CUST REF: MAIL CS

*Enclosed is the information you requested. Your payment of \$50.00 is hereby acknowledged.*

*If the name on the enclosed document(s) does not match exactly with the name of the entity you requested, this office does not have a record of the exact name you requested. The document(s) provided appear(s) to be of sufficient similarity to be the entity requested.*